

**CIVILIAN
PERSONNEL DATA
VERIFICATION
CARD**

**THIS BRIEFING
IS**

UNCLASSIFIED

Discussion and completed
forms will contain
information that is

For Official Use Only,
and may be protected under
the **Privacy act of 1974**

The purpose of this document is to enable rescue personnel to rapidly authenticate DoD Contractors supporting DoD Operations through the use of personal information, physical description and access to full face frontal and profile photographs.

Based on DoD 1833 ISOPREP form used by
military personnel for means of authentication
but tailored to meet civilian personnel needs.

1 - Name (Last, First, MI)		2 - SSAN/National ID Number		3 - Date of Birth (MM/DD/YY)		4 - Place of Birth (Country, State, City)	
5 - Languages Spoken		6 - Height (inches)		7 - Weight (lbs)		8 - Hair Color	
						9 - Eye Color	
10 - Identifying Marks (Location and Description - Scars, Tattoos, Birthmarks, Moles)							11 - Nationality
12 - Job Title/Position		13 - Employer/Contract #		14 - Job Location (Base, FCB, etc.)		15 - Supervisor/Contact #	
16 - Blood Type		17 - Allergies		18 - Significant Medical Condition(s) (to be considered in emergency medical treatment)			
IMPORTANT: The below information could be used to identify you in the event of isolation/capture. Ensure you provide ONLY information that is unique to you, and that you will be able to recall under stressful conditions. Rescue forces may ask for entire pieces of information (e.g., complete date), or for specific numbers or letters from the information you provide.							
19 - Provide a Code Word only you could know		20 - Provide a Phone Number only you could know ()			21 - Provide a date only you could know		
22 - Explain what the word refers to (Example: Mother's maiden name, pet's name, etc.)		23 - Explain what the Phone Number refers to (Example: Brother/Sister, Friend, etc.)			24 - Explain what the date refers to (Family member's birthday, anniversary, etc.)		
25 - Previous Military Training				26 - Emergency Contact Method (Cell Phone #, Radio Frequency)			
27 - I understand that provision of this information is voluntary, and that this information is only to be used for identification/authentication by Rescue Forces should I become isolated or captured in the USCENTCOM Theater of Operations.							
SIGNATURE:				Date Form Prepared			
Front View Photograph				Side View Photograph			

Instructions

1 - Name (<i>Last, First, MI</i>)	2 - SSAN/National ID Number	3 - Date of Birth (<i>MM/DD/YY</i>)	4 - Place of Birth (<i>Country, State, City</i>)
-------------------------------------	-----------------------------	---------------------------------------	--

If you do not have a middle initial enter “NMI”.

This is to aid in the filing and retrieving of your Civilian Personnel Data Verification Card

Instructions

1 - Name (<i>Last, First, MI</i>)	2 - SSAN/National ID Number	3 - Date of Birth (<i>MM/DD/YY</i>)	4 - Place of Birth (<i>Country, State, City</i>)
-------------------------------------	--------------------------------	--	--

Enter SSAN social security number or your
national ID number

Instructions

1 - Name (<i>Last, First, MI</i>)	2 - SSAN/National ID Number	3 - Date of Birth (<i>MM/DD/YY</i>)	4 - Place of Birth (<i>Country, State, City</i>)
-------------------------------------	-----------------------------	---------------------------------------	--

Ensure you enter your date of birth in the correct format.

For example: January 14, 1967 = 01/14/67

Instructions

1 - Name (<i>Last, First, MI</i>)	2 - SSAN/National ID Number	3 - Date of Birth (<i>MM/DD/YY</i>)	4 - Place of Birth (<i>Country, State, City</i>)
-------------------------------------	--------------------------------	--	--

Enter the country, state, and city that you were born in.

Instructions

5 - Languages Spoken	6 - Height (inches)	7 - Weight (Lbs)	8 - Hair Color	9 - Eye Color
----------------------	---------------------	------------------	----------------	---------------

Enter any other language that you can speak

Instructions

5 - Languages Spoken	6 - Height (inches)	7 - Weight (Lbs)	8 - Hair Color	9 - Eye Color
----------------------	---------------------	------------------	----------------	---------------

Ensure you enter your height in inches and your weight in pounds; this will reduce miscommunication with rescue personnel

Instructions

5 - Languages Spoken	6 - Height (<i>inches</i>)	7 - Weight (<i>Lbs</i>)	8 - Hair Color	9 - Eye Color

Enter your natural hair and eye color

Instructions

10 - Identifying Marks (<i>Location and Description - Scars, Tattoos, Birthmarks, Moles</i>)			11 - Nationality
12 - Job Title/Position	13 - Employer/Contract #	14 - Job Location (<i>Base, FOB, etc.</i>)	15 - Supervisor/Contact #

Enter any marks that could be used to identify you. Give brief description of location (use abbreviations) and a short description of the mark. If you have several list the most predominate ones.

Instructions

10 - Identifying Marks (<i>Location and Description - Scars, Tattoos, Birthmarks, Moles</i>)			11 - Nationality
12 - Job Title/Position	13 - Employer/Contract #	14 - Job Location (<i>Base, FOB, etc.</i>)	15 - Supervisor/Contact #

These blocks are self explanatory

Instructions

16 - BloodType	17 - Allergies	18 - Significant Medical Condition(s) <i>(to be considered in emergency medical treatment)</i>
----------------	----------------	--

Ensure that “positive” is entered as “pos”
and that “negative” is entered as “neg”

NOT “+” or “-”

This is so smudges do not confuse blood
type on hardcopies.

Instructions

16 - BloodType

17 - Allergies

18 - Significant Medical Condition(s) *(to be considered in emergency medical treatment)*

Enter any known allergies and significant medical problems.

Instructions

19 - Provide a Code Word only you could know	20 - Provide a Phone Number only you could know ()	21 - Provide a date only you could know
22 - Explain what the word refers to (<i>Example: Mother's maiden name, pet's name, etc.</i>)	23 - Explain what the Phone Number refers to (<i>Example: Brother/Sister, Friend, etc.</i>)	24 - Explain what the date refers to (<i>Family member's birthday, anniversary, etc.</i>)

Enter a code word, phone number, and date with an explanation of each that is easily remembered.

Word: name of pet, car, city, hobby, etc...

Number: Old work #, old home #, etc...

Date: Graduation date, your first date, etc...

Instructions

25 - Previous Military Training

26 - Emergency Contact Method (*CellPhone #, Radio Frequency*)

27 - I understand that provision of this information is voluntary, and that this information is only to be used for identification/authentication by Rescue Forces should I become isolated or captured in the USCENTCOM Theater of Operations.

SIGNATURE:

Date Form Prepared

Enter previous military branch/duty and level of SERE training

Enter emergency contact equipment and number/Frequency

Instructions

25 - Previous Military Training

26 - Emergency Contact Method (*CellPhone #, Radio Frequency*)

27 - I understand that provision of this information is voluntary, and that this information is only to be used for identification/authentication by Rescue Forces should I become isolated or captured in the USCENTCOM Theater of Operations.

SIGNATURE:

Date Form Prepared

Sign and date.

Instructions

Front View Photograph	Side View Photograph

Place photos on the hard copy document that will be kept by the employer.
E-mail the document without photos on it.

1 - Name (Last, First, MI) Doe, John NMI		2 - SSAN/National ID Number 065-74-8140		3 - Date of Birth (MM/DD/YY) 01/17/63		4 - Place of Birth (Country, State, City) US New York, Geneva	
5 - Languages Spoken Spanish		6 - Height (inches) 71"		7 - Weight (Lbs) 175 Lbs		8 - Hair Color Brown	
						9 - Eye Color Brown	
10 - Identifying Marks (Location and Description - Scars, Tattoos, Birthmarks, Moles) 3" Scar Rt Forearm, Harley Davidson Tattoo across shoulder blades						11 - Nationality US	
12 - Job Title/Position Driver		13 - Employer/Contract # ABC / XXXXX		14 - Job Location (Base, FOB, etc.) BALAD AB, IRAQ		15 - Supervisor/Contact # Mr. Jones / XXX-XXXX	
16 - Blood Type O POS		17 - Allergies None Known		18 - Significant Medical Condition(s) (to be considered in emergency medical treatment) None			
IMPORTANT: The below information could be used to identify you in the event of isolation/capture. Ensure you provide ONLY information that is unique to you, and that you will be able to recall under stressful conditions. Rescue forces may ask for entire pieces of information (e.g., complete date), or for specific numbers or letters from the information you provide.							
19 - Provide a Code Word only you could know Sugar Ray		20 - Provide a Phone Number only you could know (XXX) XXX-XXXX			21 - Provide a date only you could know 12/28/65		
22 - Explain what the word refers to (Example: Mother's maiden name, pet's name, etc.) 1st Dog		23 - Explain what the Phone Number refers to (Example: Brother/Sister, Friend, etc.) Old house # on 82nd street			24 - Explain what the date refers to (Family member's birthday, anniversary, etc.) Cousins Birth day		
25 - Previous Military Training ARMY - EOD				26 - Emergency Contact Method (CellPhone #, Radio Frequency) Cell # XXX-XXXX Radio Freq: XXXX			
27 - I understand that provision of this information is voluntary, and that this information is only to be used for identification/authentication by Rescue Forces should I become isolated or captured in the USCENTCOM Theater of Operations.							
SIGNATURE:				Date Form Prepared 08/16/04			
Front View Photograph				Side View Photograph			

Storing Instructions

- Save completed form as follows:
 - LAST,FIRST,MI.doc
 - DOE,JOHN,NMI.doc
 - SMITH,KEVIN,R.doc
 - HAWKING,STEVEN,J.doc
- Save to appropriate location or forward to appropriate personnel.

**CIVILIAN
PERSONNEL DATA
VERIFICATION
CARD**